

clause and insert the part, printed in italic, as follows:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Fiscal Year 2023 Veterans Affairs Major Medical Facility Authorization Act”.

SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2023.

(a) *IN GENERAL.*—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2023 at the locations specified and in an amount for each project not to exceed the amount specified for such location:

(1) Construction of a community-based outpatient clinic and national cemetery in Alameda, California, in an amount not to exceed \$395,000,000.

(2) Construction of a community living center and renovation of domiciliary and outpatient facilities in Canandaigua, New York, in an amount not to exceed \$506,400,000.

(3) Construction of a new health care center in El Paso, Texas, in an amount not to exceed \$700,000,000.

(4) Seismic upgrade and specialty care improvements in Fort Harrison, Montana, in an amount not to exceed \$88,600,000.

(5) Realignment and closure of the Livermore campus in Livermore, California, in an amount not to exceed \$490,000,000.

(6) Construction of a new medical facility in Louisville, Kentucky, in an amount not to exceed \$1,013,000,000.

(7) Seismic retrofit and renovation, roadway and site improvements, construction of a new specialty care facility, demolition, and expansion of parking facilities in Portland, Oregon, in an amount not to exceed \$523,000,000.

(b) *AUTHORIZATION OF APPROPRIATIONS.*—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2023 or the year in which funds are appropriated for the Construction, Major Projects account, \$3,716,000,000 for the projects authorized in subsection (a).

Mr. SCHUMER. I further ask that the committee-reported substitute amendment be agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table, with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee-reported amendment, in the nature of a substitute, was agreed to.

The bill (S. 30), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

ORDERS FOR WEDNESDAY, MARCH 22, 2023

Mr. SCHUMER. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 11 a.m., Wednesday, March 22—Members should remember that, 11 a.m.; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; that following the conclusion of morning business, the Senate proceed to executive session to

resume consideration of the Gallagher nomination; further, that at 12 noon, the Senate vote on confirmation of the nomination and that following disposition of the Gallagher nomination, the Senate recess until 2:15 to allow for the weekly caucus meetings; further, that at 2:15 p.m., the Senate resume legislative session and resume consideration of Calendar No. 25, S. 316; finally, that if any nominations are confirmed during Wednesday's session, the motions to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's actions.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. SCHUMER. Mr. President, if there is no further business to come before the Senate, I ask that it stand adjourned under the previous order following the remarks of my Democratic colleagues.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SCHUMER. Mr. President, I will note that four of my colleagues will come to the floor tonight to discuss the success of the ACA. This is the anniversary of the ACA.

Millions and millions of Americans have gotten good, reasonably priced medical coverage because of the ACA. It is one of the hallmarks that this Congress passed in this century. It is doing more good every year. More people are covered, and costs are going down.

Medical care is so essential to the American people. And here we are. Despite all the naysayers early on, it is a hugely successful, popular program that is making Americans more healthy.

I want to thank my colleagues, led by the Senators from Pennsylvania and New Jersey. I know the Senator from Oregon is coming as well to discuss the benefits and beauty of the ACA.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

AFFORDABLE CARE ACT

Mr. CASEY. Mr. President, I rise to talk about the Affordable Care Act, passed some 13 years ago, and in particular to talk about the Medicaid part of that, taking the Medicaid Program and allowing States to sign up for an expansion of Medicaid.

But I thought the best place to start, as any healthcare discussion should start, is to talk about just one family. This happens to be a Pennsylvania family. I will start with two sisters. I will start with the older sister. Her name is Haley. Haley wrote me a letter just about 2½ years ago now, talking about her little sister. Here is what Haley wrote to me. She talked about where her family lives in Pennsylvania, and then she said—her sister's name is Sienna—she said:

My sister is my best friend. She has Down syndrome so sometimes things are harder for her. It took her a long time to walk and she is still learning to talk. Her therapists help her and sometimes I help her too.

Then she goes on to talk about how she, Haley, introduces her sister Sienna to her classmates. She said that she shares her sister with her friends, and I am quoting directly what Haley says:

Mommy and me read a story at my school to explain Sienna's muscles work different than ours. Our muscles are like rubber bands but hers are more like play-doh. Now my friends understand why things are harder for her and they all love her. They think she is the cutest and so do I.

So said an older sister about her younger sister.

Of course, her mom wrote a much longer letter to me about what that family is facing every day. I won't go through all of it tonight, but when this family received that diagnosis of Down syndrome, Sienna's mom said:

Sienna's diagnosis came as a surprise to us. After enduring four miscarriages, she was our miracle baby. Our miracle baby surprised us on the day of her birth with her diagnosis and a heart condition. We were completely unprepared to raise a child with a disability. After I delivered her, a kind nurse explained to me how lucky we were to have Sienna here in Pennsylvania after the passage of the Affordable Care Act.

Then her mom goes on to describe all the benefits that she received because of the Affordable Care Act and because of her residence in Pennsylvania.

That is what we are talking about here when we talk about healthcare. This isn't a budget question only. This isn't just a policy discussion. This is about real people's lives. And the further away you get from real people's lives, the easier it is to make the calculation, as some have made around here, some Members of Congress whose healthcare is made available to them because of the Federal Government—that is why they have healthcare, because of the Federal Government. Whether they are in the exchange or they have it some other way, most Members of the U.S. Senate and the House have that healthcare because of the Federal Government. So those with healthcare provided by the Federal Government seek relentlessly—too many seek relentlessly to use Federal power to cut people off of healthcare.

This is about real people's lives, not something abstract, not some remote discussion about policy and about budgets and deficits and appropriations. This is about real people's lives, like Haley's little sister.

I know there has been a lot of discussion of late about Social Security and Medicare and how we hope they are off the table, and that is good, those two earned benefit programs being off the table. But there is a third program that is not an earned benefit, but I would argue that Medicaid is—Medicaid tells us who we are as a nation. It is as if we look into a mirror when we consider the Medicaid Program, and it